

MULTIPLE DEFENDANT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/342393

CLAIMS

BEST AVAILABLE COPY

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2	1					52							
3	2					53							
4	1					54							
5	1	1				55							
6	1	2				56							
7	1	2				57							
8	2	2				58							
9	2	2				59							
10	1	2				60							
11	1	2				61							
12	2	2				62							
13	2	2				63							
14						64							
15						65							
16						66							
17						67							
18						68							
19						69							
20						70							
21						71							
22						72							
23						73							
24						74							
25						75							
26						76							
27						77							
28						78							
29						79							
30						80							
31						81							
32						82							
33						83							
34						84							
35						85							
36						86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	1												
TOTAL DEP.	1	1											
TOTAL CLAIMS	18												